## OKLAHOMA IMMUNIZATION UPDATE

DECEMBER 2015

## **Pentacel Shortage**

Sanofi Pasteur has announced that it will not be able to meet all of the demand for Pentacel® (DTaP-IPV/Hib) vaccine during the first half of 2016 due to a manufacturing delay. As a result, Pentacel orders placed through the VFC program will be adjusted accordingly until further notice. The Centers for Disease Control and Prevention (CDC) has assured us there is a sufficient supply of single component DTaP, IPV, and Hib and combination vaccines, such as Pediarix®, to address the anticipated gap in the Pentacel supply.

Vaccine providers should continue to follow the recommended immunization schedule by substituting other available vaccines for Pentacel as needed. Additional information and sample schedules using other available vaccines to complete a childhood series started with Pentacel may be found at

https://www.ok.gov/health2/documents/IMM VFC Guidanc e During Pentacel Shortage.pdf.

## **Two Updated Vaccine Information Statements**

The PCV13 and Multi-Pediatric Vaccines Vaccine Information Statements have recently been updated and are now available. The edition date for both is 11/5/15. These are "final" (as opposed to "interim") editions. Ideally, providers should begin using them immediately, but may use up existing stocks of the previous interim editions; however, the new editions must be used beginning in June 2016.

## **Sorting Out Meningococcal Vaccines**

Do children and adolescents need to receive both types of meningococcal vaccine?

Children and adolescents do not need to receive both types of meningococcal vaccine unless they are at high risk for meningococcal B disease or they are 16 through 23 years of age and want the protection offered by MenB vaccine. The Advisory Committee on Immunization Practices (ACIP) recommendations state that adolescents and young adults age 16 through 23 years *may be vaccinated* with MenB vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. In this case the preferred age for MenB vaccination is 16 through 18 years.



The NEW Oklahoma State Immunization Information System is coming in 2016.

Visit the OSDH Immunization Service Website for OSIIS training, information, and updates.

The new OSIIS requires Internet Explorer version 10 or higher. Click here to update now!

Both types of meningococcal vaccine (MCV4 and MenB) may be recommended for children, adolescents, and adults in groups at increased risk for meningococcal disease, because MCV4 does not provide protection against meningococcal disease due to serogroup B and meningococcal serogroup B vaccines (MenB) provide no protection against disease caused by serogroups A, C, W, or Y.

Routine vaccination with MenB vaccine is recommended for persons  $\geq 10$  years of age in the following groups:

- Persons with functional or anatomic asplenia,
- Persons with persistent complement component deficiency,
- Persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak, and
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis.*

The number of persons at increased risk is relatively small as there are approximately 300,000 to 350,000 individuals of all ages in these groups in the United States. Meningococcal disease caused by serogroup B remains rare with approximately 203 to 260 cases occurring in the U.S. from 2009 through 2013.

Even though both MenB vaccines are licensed for people 10 through 25 years of age, the ACIP recommends off-label use of MenB vaccines for those ≥26 years of age at increased risk of serogroup B meningococcal disease because there are no theoretical differences in safety for persons aged >25 years compared with those aged 10-25 years. This does not apply to children <10 years of age.

VFC MenB vaccines are available only for persons 10 through 18 years of age who are at high risk for meningococcal B disease and adolescents 16 through 18 years of age. VFC Men B vaccines are not available for anyone >18 years of age.

MenB vaccine should be administered either as a 3-dose series of MenB-FHbp (Trumenba) or a 2-dose series of MenB-4C (Bexsero). The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses. MenB and MCV4 vaccines may be administered on the same day and with all other vaccines indicated for the recipient's age.

In contrast to meningococcal conjugate vaccine (MCV4 [MenACWY]) recommendations, MenB vaccine is not routinely recommended for college students or international travelers or children <10 years of age.

Q & As regarding the use of both MCV4 and MenB in adolescents are available on the CDC website at http://www.cdc.gov/vaccines/vpd-vac/mening/faqs-hcp-adolescent-vaccine.html.